

Massachusetts Behavioral Risk Factor Surveillance System

Table of Contents

Split Selection.....	3
Section 1: Health Status.....	4
Section 2: Healthy Days — Health-Related Quality of Life.....	4
Section 3: Health Care Access.....	5
State-Added 3: Health Care Access.....	5
Section 4: Exercise.....	7
Section 5: Diabetes.....	7
State-Added: Diabetes.....	7
Section 6: Oral Health	8
Section 7: Cardiovascular Disease Prevalence.....	9
Section 8: Asthma.....	10
Section 9: Disability.....	10
Section 10: Tobacco Use.....	11
Section 11: Demographics.....	11
State-added Ethnicity	12
State-Added City/Town.....	15
State Added: Sexual Orientation.....	16
Section 12: Veteran’s Status.....	16
Section 13: Alcohol Consumption.....	17
Section 14: Immunization/Adult Influenza Supplement.....	18
Section 15: Falls.....	22
Section 16: Seatbelt Use.....	23
Section 17: Drinking and Driving.....	23
Section 18: Women’s Health.....	23
Section 19: Prostate Cancer Screening.....	25
Section 20: Colorectal Cancer Screening.....	26
State-Added: Colorectal Cancer Screening.....	27
Section 21: HIV/AIDS.....	28
Section 22: Emotional Support and Life Satisfaction	29
Section 23: Random Child Selection.....	29
Section 24: Childhood Asthma Prevalence.....	31
Section 25: Childhood Health.....	32
Section 26: Varicella/Shingles.....	34
Section 27: Anxiety and Depression.....	35
Section 28: Diabetes.....	37
Section 29: Reactions To Race.....	40
Section 30: Disability And Quality Of Life.....	43
Section 31: Massachusetts Tobacco.....	45
Section 32: Cancer Control.....	50
Section 33: Abstinence.....	51
Section 34: Sexual Behavior.....	53
Section 35: Water Consumption.....	55
Section 36: Family Planning.....	57
Section 37: Sexual Violence.....	61
Section 38: Traumatic Experiences, Terrorism & Mental Health.....	64
Section 39: Suicide and Suicide Survivors	66
Asthma Follow-up Questions (DRAFT).....	68
Closing Statement:	69

Introduction and Screening

HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is (name) . We are gathering information about the health of **Massachusetts** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to "confidentiality statement".**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page "correct respondent"

To the correct respondent:

HELLO, I am calling for the **Massachusetts Department of Public Health** . My name is _____ **(name)** . We are gathering information about the health of **Massachusetts** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Zi Zhang (PRONOUNCED Chang) at (617) 624-5623

Split Selection:

Split 1 = 30% (3,000 interviews)

Split 2 = 20% (2,080 interviews)

Split 3 = 50% (5,000 interviews)

Core Sections

Section 1: Health Status

1.1 Would you say that in general your health is—

(73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Hlth1

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74–75)

Hlth4

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Hlth5

(76–77)

- — Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Hlth6

(78–79)

8	8	Number of days
7	7	None
9	9	Don't know / Not sure
		Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

Hins1	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

State-Added 3: Health Care Access

[Splits 1,2,3]

{If Q3.1=1, continue; Else go to MA3.3}

MA3.1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

Hins7	1	Yes {Go to Q3.2}
	2	No
	7	Don't know/Not sure
	9	Refused

MA3.2 What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Please read

Hins8	01	Your employer
	02	Someone else's employer
	03	A plan that you or someone else buys on your own
	04	Medicare
	05	Medicaid or Masshealth
	06	The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
	07	The Indian Health Service [or the Alaska Native Health Service]
		or
	08	Some other source

Do not read

88	None
77	Don't know/Not Sure
99	Refused

pre-MA3.3 - {All from MA3.2 go to Core Q3.2}

MA3.3. There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

[Please read]

Coverage through:

Hins13

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Masshealth
- 06 The military, CHAMPUS, TriCare or the VA **[or CHAMP-VA]**
- 07 The Indian Health Service **[or the Alaska Native Health Service]**
- or**
- 08 Some other source

Do not read

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?

[If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"]

(81)

Hins6a

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(82)

Hins5

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

Chkup1

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Ex1

(84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Diabetes

- 5.1** Have you ever been told by a doctor that you have diabetes?

[If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]

[If respondent says pre-diabetes or borderline diabetes, use response code 4.]

(85)

Diab1

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

State-Added: Diabetes

[Splits 1,2]

[Pre-MA 5.1]

If Split = 3 then go to next section

{Else if Split = 1, 2 and Q5.1 = 3,4,7,9, continue; else if Q5.1 = 1 or 2, go to next section}

MA5.1. Have you ever been tested for high blood sugar or diabetes?

Bsd1

- 1 Yes
- 2 No (**Go to next section**)
- 7 Don't know / Not sure (**Go to next section**)
- 9 Refused (**Go to next section**)

MA5.2. How long has it been since you had your last blood test for high blood sugar or diabetes?

Read only if necessary

Bsd2

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 6: Oral Health

6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(86)

Read only if necessary:

Oral1

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

[NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.]

(87)

Oral3

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.}

6.3

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(88)

Read only if necessary:

Oral5

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 7: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

7.1

(Ever told) you had a heart attack, also called a myocardial infarction?

(89)

Cardo3

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.2

(Ever told) you had angina or coronary heart disease?

(90)

Cardo3b

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.3

(Ever told) you had a stroke?

(91)

Cardo3c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

Asthma1a

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

8.2 Do you still have asthma? (93)

Asthma4

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Disability

The following questions are about health problems or impairments you may have.

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)

Q11

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (95)

Include occasional use or use in certain circumstances.

Disb15

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life?

(96)

[NOTE: 5 packs = 100 cigarettes]

Smk1

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

10.2 Do you now smoke cigarettes every day, some days, or not at all?

(97)

Smk2

- | | | |
|---|---------------------|-----------------------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to next section] |
| 7 | Don't know/Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(98)

Smk4f

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 11: Demographics

11.1 What is your age?

(99-100)

Age

- | | | |
|---|---|-----------------------|
| — | — | Code age in years |
| 0 | 7 | Don't know / Not sure |
| 0 | 9 | Refused |

11.2 Are you Hispanic or Latino?

(101)

Hisp

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |

9 Refused

11.3 Which one or more of the following would you say is your race?

(102-107)

(Check all that apply)

Mrace1-6

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- Or**
- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5}

11.4 Which one of these groups would you say best represents your race?

(108)

Please Read

Orace2

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State-added Ethnicity

[Splits 1,2,3]

pre-MA11.1: {If Q11.2 = 1 or Q11.3 = 3 then Go to MA11.1; else go to Q11.5}

MA11.1. Which best describes your ancestry or heritage? Would you say ...**{If Q11.2 = 1, please**

read 1,2,3,4,6,12,13; Else if Q11.3 = 3, please read 5,6,8,10,11,14; Else if Q11.2=1 AND Q11.3=3, please read 1-14}

Please read

Ancestry

- 1 Puerto Rican
- 2 Dominican
- 3 Mexican
- 4 Salvadorian
- 5 Chinese
- 6 Filipino
- 8 Cambodian
- 10 Vietnamese
- 11 Japanese

Or

- 12 Other Central American **[specify]:** _____
- 13 Other South American **[specify]:** _____
- 14 Other Asian **[specify]:** _____

Do not read

- 77 Don't Know/Not Sure
- 99 Refused

11.5

Are you...?

(109)

Please read:

Mrt1

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

11.6

How many children less than 18 years of age live in your household?

(110-111)

Chage1

- — Number of children
- 8 8 None
- 9 9 Refused

11.7

What is the highest grade or year of school you completed?

(112)

Read only if necessary:

Educ

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

11.8

9 Refused
Are you currently...?

(113)

Please read:

Emp1

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- Or**
- 8 Unable to work

Do not read:

- 9 Refused

11.9

Is your annual household income from all sources—

(114-115)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

IncM

- 04 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If “no,” code 02**
- 05 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

- 77 Don't know / Not sure
- 99 Refused

11.10

About how much do you weigh without shoes?

(116-119)

Wght

Note: If respondent answers in metrics, put “9” in column 116.

Round fractions up

_____ Weight
 (pounds/kilograms)
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

11.11 About how tall are you without shoes?

(120-123)

Note: If respondent answers in metrics, put "9" in column 120.

Hght

Round fractions down

____ / ____ Height
 (ft / inches/meters/centimeters)
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

State-Added City/Town

[Splits 1,2,3]

MA11.2. What city or town do you live in?

Town

_____ Town code [001-351]
 8 8 8 OTHER: [SPECIFY] _____
 7 7 7 Don't Know/Not Sure
 9 9 9 Refused

[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]

11.13 What is your ZIP Code where you live?

(127-131)

Zipcode

_____ ZIP Code
 7 7 7 7 7 7 Don't know / Not sure
 9 9 9 9 9 9 Refused

11.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

(132)

Tels2

1 Yes
 2 No [Go to Q11.16]
 7 Don't know / Not sure [Go to Q11.16]
 9 Refused [Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers?

(133)

Telres1	7	Residential telephone numbers [6 = 6 or more]
	7	Don't know / Not sure
	9	Refused

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (134)

Telres2	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

11.17 **Indicate sex of respondent. Ask only if necessary.** (135)

Sex	1	Male	[Go to next section]
	2	Female	[If respondent is 45 years old or older, go to next section]

11.18 To your knowledge, are you now pregnant? (136)

Preg1	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

State Added: Sexual Orientation

[Split 1,2,3]

pre-MA13.3 – {If Q11.1=7,9,18-64, continue; If Q11.1>64, go to Next section}

MA11.3. Do you consider yourself to be:

Sexo1	Please read	
	1	Heterosexual or straight
	2	Homosexual or [if respondent is male read "gay" ; else if female, read "lesbian"]
	3	Bisexual
	or	
	4	other
	Do not read	
	7	Don't Know/Not Sure
	9	Refused

Section 12: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular

military or in a National Guard or Reserve unit.

12.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (137)

Militar1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (138)

Drink1

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (139-141)

Drink2

- 1 ___ Days per week
- 2 ___ Days in past 30 days
- 8 8 8 No drinks in past 30 days [Go to next section]
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (142-143)

Drink3

- Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI **X = 5 for men, X = 4 for women**] or more drinks on an occasion? (144-145)

Alc8

- ___ Number of times

8	8	None
7	7	Don't know / Not sure
9	9	Refused

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion?
(146-147)

Drink4

—	—	Number of drinks
7	7	Don't know / Not sure
9	9	Refused

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?
(148)

Flu1a

1	Yes
2	No
7	Don't know / Not sure
9	Refused

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
The flu vaccine sprayed in the nose is also called FluMist™.
(149)

Flu7

1	Yes
2	No
7	Don't know / Not sure
9	Refused

[pre-Q14.3s]:

If split = [1,2] and Q14.3s-Q14.8s are activated then do;

If Q14.1 or Q14.2 = 1 (Yes), then go to Q14.3s and then MA14.1;

If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused)
or [Q14.1 in (2, 7, 9) and Q14.2 in (2 7 9)] then go to Q14.4s;

Else if split = [3] and Q14.3s-Q14.8s are activated then do;

If Q14.1 or Q14.2 = 1 (Yes), then go to Q14.3s;

If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused)
or [Q14.1 in (2, 7, 9) and Q14.2 in (2 7 9)] then go to Q14.4s;

Else if split = [1,2] and Q14.3s-Q14.8s are NOT activated then do;

If Q14.1 or Q14.2 = 1 (Yes), then go to MA14.1;

Else go to MA14.2;

Else if split = [3] and Q14.3s-Q14.8s are NOT activated then go to Q14.9;

End;

{NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.}

During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray.

Flu3a

$$\overline{77} / \overline{7777}$$

Don't know / Not sure (Probe: "Was it before September 2005?" Code

2005?" Code approximate

99 / 9999

Refused

State-added Flu Questions [Splits 1.2]

At what kind of place did you get your last {if Q14.1=1 then read "flu shot", if 1 then read "flu vaccine that was sprayed in your nose"?

[READ ONLY IF NECESSARY]

Would you say:

Flu2

01 A doctor's office or health maintenance organization [Go to Q14.5s if activated; or
not activated]

02 A health department [Go to Q14.5s if activated; or go to Q14.9 if not activated]

03 Another type of clinic or health center [Example: a community health center] [Go

to Q14.5s if

activated; or go to Q14.9 if not activated]

04 A senior, recreation, or community center[Go to Q14.5s if activated; or go to Q14.9 if not activated]

Q5 A store [Examples: supermarket, drug store] [Go to Q14.5s if activated; or go to Q14.9 if not]

activated]

06 A hospital as an inpatient[Go to Q14.5s if activated; or go to Q14.9 if not activated]

07 Emergency room[Go to Q14.5s if activated; or go to Q14.9 if not activated]

08 Workplace[Go to Q14.5s if activated; or go to Q14.9 if not activated]

Or

09 Some other kind of place [specify]: _____ [Go to Q14.5s if
activated; or go to Q14.9 if
not activated]

77 Don't know[Go to Q14.5s if activated; or go to Q14.9 if not activated]

99 Refused[Go to Q14.5s if activated; or go to Q14.9 if not activated]

What is the main reason you didn't get a flu shot or a flu spray in the nose?

[READ ONLY IF NECESSARY]

Would you say:

Flu6

01 Didn't know I needed it [Go to Q14.5s if activated; or go to Q14.9 if not activated]

02 Doctor didn't recommend it [Go to Q14.5s if activated; or go to Q14.9 if not activated]

- 03 Didn't think of it/forgot/missed it [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 04 Tried to get a flu shot, but no flu shots were available [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 05 Tried to get a flu shot, but my doctor said I didn't need it [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 06 Didn't think it would work [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 08 Don't need a flu shot/not at risk/flu not serious [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 10 Shot could give me the flu/allergic reaction/other health problem [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 11 Doctor recommended against getting the shot/allergic to shot/medical reasons [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 12 Don't like shots or needles / don't want it [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- Or
- 13 Other [specify]_____ [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 77 Don't Know/Not Sure [Go to Q14.5s if activated; or go to Q14.9 if not activated]
- 99 Refused [Go to Q14.5s if activated; or go to Q14.9 if not activated]

14.4s

What is the MAIN reason you have NOT received a flu vaccination for this current flu season?

(156-157)

Flu6a

[INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar. '06.]

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (Probe: "What was the main reason?")
- 9 9 Refused

14.5s

Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

(158)

Read each problem listed below:

Hprob

Lung problems, including asthma
Heart problems
Diabetes
Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or
HIV/AIDS, or medicines, such as steroids

-Or-

Sickle Cell Anemia or other anemia

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | |
| 2 | No | [Go to Q14.8s] |
| 7 | Don't know / Not sure | [Go to Q14.8s] |
| 9 | Refused | [Go to Q14.8s] |

14.6s

Do you still have (this/any of these) problem(s)?

(159)

Hproba

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

14.7s

Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work.

(160)

Hprobb

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q14.9] |
| 7 | Don't know / Not sure | [Go to Q14.9] |
| 9 | Refused | [Go to Q14.9] |

14.8s

Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

(161)

Hprobc

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

14.9

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(162)

Pneum

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |

9 Refused

14.10

Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

(163)

Pneum

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.11

Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

You have hemophilia and have received clotting factor concentrate
You are a man who has had sex with other men, even just one time
You have taken street drugs by needle, even just one time
You traded sex for money or drugs, even just one time
You have tested positive for HIV
You have had sex (even just one time) with someone who would answer "yes" to any of these statements
You had more than two sex partners in the past year

(164)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1

In the past 3 months, how many times have you fallen?

(165-166)

Fall3

- | | | | |
|---|---|-----------------------|-----------------------------|
| — | — | Number of times | [76 = 76 or more] |
| 8 | 8 | None | [Go to next section] |
| 7 | 7 | Don't know / Not sure | [Go to next section] |
| 9 | 9 | Refused | [Go to next section] |

15.2

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(167-168)

Fall4

		Number of falls	[76 = 76 or more]
8	8	None	[Go to next section]
7	7	Don't know / Not sure	[Go to next section]
9	9	Refused	[Go to next section]

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (169)

Stblt

Please read:

	1	Always
	2	Nearly always
3		Sometimes
4		Seldom
5		Never

Do not read:

	7	Don't know / Not sure
8		Never drive or ride in a car
	9	Refused

Section 17: Drinking and Driving

{CATI note: If Q13.1 = 2 (No); go to next section.}

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

dwi

		Number of times
8	8	None
	7	Don't know / Not sure
	9	Refused

Section 18: Women's Health

CATI note: If respondent is male, go to the next **section**.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

(172)

Mamm2

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2

How long has it been since you had your last mammogram?

(173)

Mamm3

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

18.3

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

(174)

Brst1

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.4

How long has it been since your last breast exam?

(175)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

18.5

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

(176)

Crvx2

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not Sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test?

(177)

Crvx3a

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

{CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.}

18.7 Have you had a hysterectomy?

(178)

Hyst

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 19: Prostate Cancer Screening

{CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.}

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

(179)

Psa1

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not Sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 How long has it been since you had your last PSA test?

(180)

Psa2a

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)

5 5 or more years ago

Do not read:

7 Don't know

9 Refused

19.3

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

(181)

Colo2

1 Yes

2 No

[Go to Q19.5]

7 Don't know / Not sure

[Go to Q19.5]

9 Refused

[Go to Q19.5]

19.4

How long has it been since your last digital rectal exam?

(182)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years)

3 Within the past 3 years (2 years but less than 3 years)

4 Within the past 5 years (3 years but less than 5 years)

5 5 or more years ago

Do not read:

7 Don't know / Not sure

9 Refused

19.5

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

(183)

Prost1

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Section 20: Colorectal Cancer Screening

{CATI note: If respondent is ≤ 49 years of age, go to next section.}

20.1

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

(184)

Colo5

1 Yes

- | | | |
|---|-----------------------|---------------|
| 2 | No | [Go to Q20.3] |
| 7 | Don't know / Not sure | [Go to Q20.3] |
| 9 | Refused | [Go to Q20.3] |

20.2 How long has it been since you had your last blood stool test using a home kit? (185)

Colo6

Read only if necessary:

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (186)

Colo8

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

State-Added: Colorectal Cancer Screening

[Splits 1,2,3]

MA20.1

Were you given medication to make you sleepy and more comfortable during the exam, and were you advised not to drive or work on the day of the exam?

Colo10

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

Colo9

Read only if necessary:

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | Within the past 10 years (5 years but less than 10 years ago) |

5 10 or more years ago

Do not read:

7 Don't know / Not sure
9 Refused

Section 21: HIV/AIDS

{CATI note: If respondent is 65 years old or older, go to next section.}

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

Hiv15

1 Yes
2 No [Go to next section]
7 Don't know / Not Sure [Go to next section]
9 Refused [Go to next section]

21.2 Not including blood donations, in what month and year was your last HIV test? (189–194)

Hiv25b

[NOTE: If response is before January 1985, code "Don't know."]

 / Code month and year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (195-196)

Hiv10c2

01 Private doctor or HMO office
02 Counseling and testing site
03 Hospital
04 Clinic
05 Jail or prison (or other correctional facility)
06 Drug treatment facility
07 At home
08 Somewhere else
77 Don't know/Not sure
99 Refused

{CATI note: Ask Q.21.4; if Q.21.2 = within last 12 months. **Otherwise, go to next section**}

21.4

Was it a rapid test where you could get your results within a couple of hours?

(197)

Hiv25c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1

How often do you get the social and emotional support you need?

(198)

Interviewer Note: If asked, say "please include support from any source".]

Q16

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

22.2

In general, how satisfied are you with your life?

(199)

Q17

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Transition from Core to State-Added

Section 23: Random Child Selection

[Split =1,2]

If Split = [3] or Q11.6 = [88, 99], go to next section; else continue.

If Core Q11.6 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q1]

If Core Q11.6 is >1 and Core Q11.6 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child.
Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."

MA23.1. What is the birth month and year of the "Xth" child?

(200-205)

ChldH1

7 7 / 7 7 7 7
9 9 / 9 9 9 9

Code month and year
Don't know / Not sure
Refused

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

MA23.2. Is the child a boy or a girl?

(206)

ChldH2

1 Boy
2 Girl
9 Refused

MA23.3. Is the child Hispanic or Latino?

(207)

ChldH3

1 Yes
2 No
7 Don't know / Not sure
9 Refused

MA23.4. Which one or more of the following would you say is the race of the child?

(208-213)

[Check all that apply]

ChldH4

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If more than one response to MA23.4, continue. Otherwise, go to MA23.6.}

MA23.5. Which one of these groups would you say best represents the child's race? (214)

ChldR1

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

MA23.6. How are you related to the child? (215)

Please read:

ChldR2

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 24: Childhood Asthma Prevalence

[Split =1,2]

{If Split = [3] or Q11.6 = [88, 99], go to next section; else continue.}

The next two questions are about the “Xth” **[CATI: please fill in correct number]** child.

MA24.1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (227)

Chasth4

- | | | |
|---|-----------------------|----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

MA24.2. Does the child still have asthma? (228)

Chasth4

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 25: Childhood Health

[Splits = 1, 2]-

{If no children <18 (s11q6), go to next section, else continue}

{NOTE: The “Xth” child is the same child as in Sections 23 and 24.}

INTERVIEWER: “I have some additional questions about one specific child. The child I will be referring to is the “X”th child in your household. All following questions about children will be about the “Xth” child.”

MA25.1. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

Hinsch3

- | | |
|---|---|
| 1 | Yes [GO TO MA25.3] |
| 2 | No |
| 7 | Don't know/Not sure [GO TO MA25.3] |
| 9 | Refused [GO TO MA25.3] |

MA25.2. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

Hinsch4

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA25.3. About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

Hinsch5

- 1 Within 1 month
- 2 Within the past 3 months (1-3 months)
- 3 Within the past 6 months (3-6 months)
- 4 Within the past year (6-12 months)
- 5 More than one year
- 7 Don't know
- 9 Refused

MA25.4. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

Hinsch6

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

[Pre-MA25.5]

{If CHILDAge2 < 3 years old then GO TO Pre-MA25.6; ELSE continue}

MA25.5. **[Children age 3-17]** Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

Hinsch7

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

[Pre-MA25.6]

{If CHILDAge2 < 6 then GO to MA25.8}

MA25.6. **[Children age 6-17]** A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth?

Hinsch9

[NOTE: Permanent teeth come in after primary teeth and include molars]

- 1 Yes
- 2 No **[Go to MA25.8]**
- 7 Don't Know/Not Sure **[Go to MA25.8]**
- 9 Refused **[Go to MA25.8]**

MA25.7. On how many of this child's permanent teeth are there dental sealants?

Hinsch10

PLEASE READ

- 1 1-4 teeth
- 2 5-8 teeth
- 3 None
- 7 Don't know/Not sure
- 9 Refused

MA25.8. **[All Children]** Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

Hinsch8

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 26: Varicella/Shingles

[Split = 1,2]

{If Split = 1,2 then continue; else go to next section}

I would like to ask a few questions about the health of everyone living in the household, including children.

MA26.1. Going from youngest to oldest, what are the ages of each person currently living in your household?

Varic1a-p

Code ages:

- 0 = < 1 year**
 - 97 = 97 and older**
 - 98 = DK/NS**
 - 99 = Refused**
- a. Person #1 --
 - b. Person #2 --
 - c. Etc.

MA26.2. Have you or anyone else currently living in your household had chickenpox in the past 12 months?

Varic2

- 1 Yes
- 2 No **[Go to MA26.4]**
- 7 Don't know/Not sure **[Go to MA26.4]**
- 9 Refused **[Go to MA26.4]**

MA26.3. What are the current ages of all those who had chickenpox in the past 12 months?

Code ages:

Varic3a-p

0 = <1 year
97 = 97 and older
98 = Dk/Ns
9 = Ref

a. Person #1 ____
b. Person #2 ____
c. [Etc.]

MA26.4. Have you or anyone else currently living in your household ever had shingles?

Varic4

1 Yes
2 No [Go to next section]
7 Don't know/Not sure [Go to next section]
9 Refused [Go to next section]

MA26.5. What are the current ages of all those who ever had shingles?

Varic5a-p

Code ages:

0 = <1 year
97 = 97 and older
98 = Dk/Ns
99 = Ref

a. Person #1 ____
b. Person #2 ____
c. [Etc.]

MA26.6. Ask for each person listed in MA26.5, in the same order as MA26.5] How old was the _____ year old when they had shingles?

Varic6a-h

Code ages:

0 = <1 year
97 = 97 and older
98 = Dk/Ns
99 = Ref

a. Person #1 ____
b. Person #2 ____
c. Etc.]

Pre-MA26.7

{If MA26.5a minus MA26.6a = [0,1] or MA26.5b minus MA26.6b = [0,1] etc. then go to MA26.7; Else go to next section}

MA26.7 [Ask for each person for whom MA26.5 – MA26.6 = [0,1], in same order as MA26.5]:
Did the _____ year old have shingles in the last 12 months, that is since (INSERT CURRENT MONTH) of last year?

Shingles1a-r

1 Yes
2 No
7 Don't know/Not sure
9 Refused

Section 27: Anxiety and Depression

[Split =3]
{If split = 3 then continue; else go to next section}

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

MA27.1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (325-326)

— — 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MA27.2. Over the last 2 weeks, how many days have you felt down, depressed, or hopeless? (327-328)

— — 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MA27.3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (329-330)

— — 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MA27.4. Over the last 2 weeks, how many days have you felt tired or had little energy? (331-332)

— — 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MA27.5. Over the last 2 weeks, how many days have you had a poor appetite or ate too much? (333-334)

— — 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MA27.6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (335-336)

— — 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MA27.7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (337-338)

— — 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MA27.8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (339-340)

— — 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MA27.9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (341)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

MA27.10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (342)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 28: Diabetes

[Splits 1,2]

{If Q5.1 = 1 and split = [1,2] then continue. Else if Q5.1 = [2,3,4,7,9] or split = 3 then GO TO Next Section}

Next I'd like to ask you some more questions about diabetes.

MA28.1 What type of diabetes do you have?

Please read:

Diabtype

- 1 Type 1
2 Type 2
or
3 Other [specify _____]

Do not read:
7 Don't know /Not sure
9 Refused

MA28.2

How old were you when you were told you had diabetes?

Diab2

- Code age in years [97 = 97 and older]
9 8 Don't know/Not sure
9 9 Refused

MA28.3

Are you now taking insulin?

Diab3

- 1 Yes
2 No
9 Refused

MA28.4

Are you now taking diabetes pills?

Diab15

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

MA28.5.

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Diab5

- 1 ____ Times per day
2 ____ Times per week
3 ____ Times per month
4 ____ Times per year
8 8 8 Never
7 7 7 Don't know/Not sure
9 9 9 Refused

MA28.6.

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Diab9a

- 1 ____ Times per day
2 ____ Times per week
3 ____ Times per month
4 ____ Times per year
8 8 8 Never
5 5 5 No feet
7 7 7 Don't know/Not sure
9 9 9 Refused

MA28.7

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

Diab13

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA28.8.

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

Diab7

- Number of times [76 = 76 or more]
- 8 8 None
 - 7 7 Don't know/Not sure
 - 9 9 Refused

MA28.9

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

Diab8a

- Number of times [76 = 76 or more]
- 8 8 None
 - 9 8 Never heard of hemoglobin "A one C" test
 - 7 7 Don't know/Not sure
 - 9 9 Refused

{IF MA28.6 = 555 THEN GO TO MA28.12; ELSE CONTINUE WITH MA28.10}

MA28.10.

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

Diab9

- Number of times [76 = 76 or more]
- 8 8 None
 - 7 7 Don't know/Not sure
 - 9 9 Refused

MA28.11.

When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Diab14

Read only if necessary:

- 1 Within the past month (0 to 1 month ago)
- 2 Within the past year (1 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

MA28.12. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Diab3a

Read Only if Necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never

Do not read

- 7 Don't know/Not sure
- 9 Refused

MA28.13. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

Diab3b

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA28.14. Have you ever taken a course or class in how to manage your diabetes yourself?

Diabmo1c

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA28.15 Besides a course or class, have you received education from any of the following on how to care for your diabetes--

Diabmo1-a,b,c,d

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. a nurse or nurse practitioner?	1	2	7	9
b. a nutritionist or dietitian?	1	2	7	9
c. a doctor?	1	2	7	9
or				
d. someone else {specify:_____}	1	2	7	9

Section 29: Reactions To Race

[Splits 1,2,3]

{If Q11.2 = 1 or Q11.3 = [2, 3, 4, 5, 6] or Q11.4 = [2, 3, 4, 5, 6] then continue;
Else if Q11.4 = 1 and Q11.2 = 2 then randomly select 25% of the respondents to continue;
Else go to next section}

Earlier I asked you to self-identify your race. Now I will ask how other people identify you and treat you.

MA29.1.

How do other people usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

(319)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify) _____
- 7 Don't know / Not sure
- 9 Refused

[INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.]

MA29.2.

How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

(320)

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

[INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning "at least" the indicated time frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.]

{CATI INSTRUCTION: If Question 11.8 = [1,2,4] continue; else go to question MA29.4}

MA29.3.

Within the past 12 months at work, do you feel you were treated worse than other races, the same as other races, better than other races, or worse than some races but better than others?

(321)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others

Do not read:

- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

MA29.4.

Within the past 12 months, when seeking health care, do you feel your experiences were worse than other races, the same as other races, better than other races, or worse than some races but better than others?

(322)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others

Do not read:

- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

[INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.]

MA29.5.

Within the past 12 months, have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

(323)

- 1 Yes (**Go to MA29.6**)
- 2 No (**Go to MA29.7**)
- 7 Don't know / Not sure (**Go to MA29.7**)
- 9 Refused (**Go to MA29.7**)

MA29.6.

On average, how often have you experienced these physical symptoms during the past 12 months?

- 1 No more than once a year
- 2 At least once a month
- 3 At least once a week
- 4 At least once a day
- 5 At least once an hour
- 6 Constantly
- 7 Don't know / Not sure
- 9 Refused

MA29.7.

Within the past 12 months, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(324)

- 1 Yes (**Go to MA29.8**)
- 2 No (**Go to next section**)
- 7 Don't know / Not sure (**Go to next section**)
- 9 Refused (**Go to next section**)

MA29.8.

On average, how often have you felt emotionally upset during the past 12 months?

- 1 No more than once a year
- 2 At least once a month
- 3 At least once a week
- 4 At least once a day
- 5 At least once an hour
- 6 Constantly
- 7 Don't know / Not sure
- 9 Refused

Section 30: Disability And Quality Of Life

[Split 1,2,3] -- Randomly select 50% of the respondents to continue

Now I would like to ask you some questions about your health and problems you may have.

MA30.1 During the past 30 days, for about how many days have you felt sad, blue, or depressed?

Daysad

- ____ Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

MA30.2. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

Daytense

- ____ Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

{If Q9.2 = 1 then go to **MA30.3**. Else go to **MA30.4**.}

MA30.3 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

Disb5

PLEASE READ

- 1 Not any distance
- 2 Across a small room
- 3 About the length of a typical house
- 4 About one or two city blocks
- 5 About one mile
- or-

6 More than one mile

Do not read:

7 Don't know / Not sure

9 Refused

MA30.4

Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

Disb2

1 Yes

2 No

7 Don't know/Not sure

9 Refused

{If Q9.1 = 1 or Q9.2 = 1 or MA30.4 = 1 then go to MA30.6. Else, go to MA30.5.}

MA30.5.

A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

Disb2a

1 Yes

2 No **[GO TO NEXT SECTION]**

7 Don't know / Not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

MA30.6

What is the major impairment or health problem that limits your activities or causes your disability?

Q12

[If respondent says, "I'm not limited," say, "I'm referring to the impairment you indicated in an earlier question."]

Read Only if Necessary:

0 1 Arthritis/rheumatism

0 2 Back or neck problem

0 3 Fractures, bone/joint injury

0 4 Walking problem

0 5 Lung/breathing problem

0 6 Hearing problem

0 7 Eye/vision problem

0 8 Heart problem

0 9 Stroke problem

1 0 Hypertension/high blood pressure

1 1 Diabetes

1 2 Cancer

1 3 Depression/anxiety/emotional problem

1 4 Other impairment/problem **[specify]**_____

Do not read:

7 7 Don't know/Not sure

9 9 Refused

MA30.7.

For how long have your activities been limited because of your major impairment, health problem or disability?

Q13

1 ____ Days_

2 ____ Weeks _

3 ____ Months_
 4 ____ Years _
 7 7 7 Don't know/Not Sure
 9 9 9 Refused

MA30.8.

Q14

Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

MA30.9.

Q15

Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

Section 31: Massachusetts Tobacco

[Splits 1, 2]

If Split = 3 then go to Next Section

Else if split = [1, 2] then do:

If Q10.2 = 1 then go to MA31.1;

Else if Q10.2 = 2 then go to MA31.2;

Else if Q10.2 = 3 then go to MA31.3;

Else if Q10.1 = [2,7,9] or Q10.2 = [7,9] then go to MA31.13Int

Now I would like to ask you some more questions about smoking.

MA31.1. [Daily smokers] On the average, about how many cigarettes a day do you now smoke?

Smk3a

[1 pack = 20 cigarettes]

____ Number of cigarettes [76 =76 or more] [Go to MA31.4]
 7 7 Don't know/Not sure [Go to MA31.4]
 9 9 Refused [Go to MA31.4]

MA31.2.

[Someday smokers] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Smk3b

[1 pack = 20 cigarettes]

____ Number of cigarettes **[Go to MA31.4]**
 7 7 Don't know/Not sure **[Go to MA31.4]**
 9 9 Refused **[Go to MA31.4]**

Previously you said you have smoked cigarettes:

MA31.3 About how long has it been since you last smoked cigarettes regularly?

Read only if necessary

Smk5a

01 Within the past month (anytime less than 1 month ago) **[Go to MA31.4]**
 02 Within the past 3 months (1 month but less than 3 months ago) **[Go to MA31.4]**
 03 Within the past 6 months (3 months but less than 6 months ago) **[Go to MA31.4]**
 04 Within the past year (6 months but less than 1 year ago) **[Go to MA31.4]**
 08 Within the past 3 years (1 to 3 years ago) **[Go to MA31.10]**
 05 Within the past 5 years (1 year but less than 5 years ago) **[Go to MA31.10]**
 06 Within the past 10 years (5 years but less than 10 years ago) **[Go to MA31.10]**
 07 10 or more years ago **[Go to MA31.10]**
 77 Don't know / Not sure **[Go to MA31.10]**
 99 Refused **[Go to MA31.10]**

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

MA31.4 In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

Smk12a

____ Number of times **[Range 01-76]**
 88 None **[Go to MA31.8]**
 77 Don't know / Not sure
 99 Refused

MA31.5. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

Smk12b

____ Number of visits **[Range 01-76]**
 88 None **[go to MA31.8]**
 77 Don't know / Not sure **[go to MA31.8]**
 99 Refused **[go to MA31.8]**

MA31.6. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

Smk12c

[Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pree on]

____ Number of visits **[Range 01-76]**
 88 None
 77 Don't know / Not sure
 99 Refused

MA31.7. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

Smk12d

____ Number of visits (01-76)
 88 None
 77 Don't know / Not sure
 99 Refused

MA31.8 In the past 12 months, have you heard, read, or seen any information about quitting smoking?

Smk13

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

{IF Q10.2 = [1,2] then go to MA31.9; else go to pre-MA31.10}

MA31.9. Are you planning to quit smoking in the next 30 days?

Smk9d

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

pre-MA31.10:

{If Split = [1,2] AND [MA31.3 = (1,2,3,4, 8) or Q10.2=(1,2)] then continue; else go to MA31.13int}

MA31.10. (CURRENT SMOKERS AND 3-YEAR QUITTERS) Have you ever used stop-smoking products such as nicotine gum, patches, or inhalers, or pills such as Zyban or Wellbutrin? (436)

1 Yes
 2 No **[GO TO MA31.13int]**
 7 Don't know/Not sure **[GO TO MA31.13int]**
 9 Refused **[GO TO MA31.13int]**

MA31.11. How long has it been since you last used a stop-smoking product?

(437)

1 Within past 30 days
 2 Within past 12 months (1-12 months ago)
 3 Within the past 2 years (1-2 years ago)
 4 Within the past 5 years (2-5 years ago)
 5 5 or more years ago
 7 Don't Know/Not Sure
 9 Refused

MA31.12.

Thinking back to the last time you used these products, which of the following stop-smoking products did you use? I am going to read you a list, since some people use more than one at the same time. Please tell me which product or products you used the last time. (IF MORE THAN ONE MENTIONED, CODE FIRST TWO THAT ARE MENTIONED.)

(438-439)

- 1 Gum
- 2 Patch
- 3 Inhaler
- 4 Pill (i.e., Zyban, Wellbutrin)
- 5 Other **[specify]:** _____
- 7 Don't Know/Not Sure
- 9 Refused

MA31.13int

The next questions are about rules for smoking in your home and your exposure to other people's tobacco smoke.

MA31.13

[ASK ALL]: Which statement best describes the rules about smoking in your home ...

Ensmk2

Please read:

- 1 no one is allowed to smoke anywhere
- 2 smoking is allowed in some places or at some times
- or**
- 3 smoking is permitted anywhere

Do not read:

- 7 Don't know/Not sure
- 9 Refused

{If Q11.8 = [1,2] then go to MA31.14; else if Q11.8 = [3,4,5,6,7,8,9] then go to MA31.15}

MA31.14

Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

Etswork

- ____ Number of hours per week **[76 = 76 or more]**
- 01 An hour or less per week
- 88 None
- 77 Don't Know
- 99 Refused

MA31.15

Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at home?

Etshome

- ____ Number of hours per week **[76 = 76 or more]**
01 An hour or less per week, but more than none
88 None
77 Don't Know
99 Refused

MA31.16

Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were in other places?

Etsother

- ____ Number of hours per week **[76 = 76 or more]**
01 An hour or less per week
88 None
77 Don't Know
99 Refused

MA31.17

Do you think second hand smoke can drift from one apartment to another in an apartment building, or from the outside into an apartment?

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

MA31.18

Do you currently live in a single family home, in a duplex, in a condo or townhouse, or in an apartment?

- 1 Single family home **[go to MA31.19]**
2 Duplex **[go to MA31.20]**
3 Condo or townhouse **[go to MA31.20]**
4 Apartment **[go to MA31.20]**
5 Other **[specify]: _____** **[go to MA31.19]**
7 Don't know **[go to MA31.19]**
9 Refused **[go to next session]**

MA31.19

Have you ever lived in an apartment building?

- 1 Yes
2 No **[go to next session]**
7 Don't know/Not sure **[go to next session]**
9 Refused **[go to next session]**

MA31.20

Have you ever experienced second hand smoke drifting into your (apartment/duplex/condo/townhouse) from a smoker in another unit or from a smoker outside?

- 1 Yes

- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 32: Cancer Control

[Split = 2, 3]

If split = 1, Go to Next Section, else Continue.

MA32.1 Have you ever been diagnosed with cancer?

- 1 Yes
- 2 No **[Go to pre-MA32.4]**
- 7 Don't Know/Not Sure **[Go to pre-MA32.4]**
- 9 Refused **[Go to pre-MA32.4]**

MA32.2 What type of cancer were you diagnosed as having? **[Code up to 3]**

- 01 lung
- 02 colorectal
- 03 prostate
- 04 breast
- 05 cervical, ovarian, or uterine
- 06 pancreatic
- 07 stomach or esophageal
- 08 liver/bile duct
- 09 urinary/bladder
- 10 non-Hodgkin lymphoma
- 11 leukemia
- 12 thyroid
- 13 oral cavity/pharynx
- 14 melanoma
- 15 other **[specify]:** _____
- 77 Don't Know/Not Sure
- 99 Refused

MA32.3 In what month and year were you last diagnosed with cancer?

___ / ___ (month/year)

- 77/7777 Don't know/don't recall
- 99/9999 Refused

Pre-MA32.4: {If respondent is male and age 49 or younger or if respondent is female, skip to pre-MA32.6; Else if respondent is male and age 50 or older, continue.}

MA32.4 Have you ever discussed prostate cancer early detection or screening with your health care provider?

- 1 Yes

- 2 No **[Go to MA32.6]**
- 7 Don't Know/Not Sure **[Go to MA32.6]**
- 9 Refused **[Go to MA32.6]**

MA32.5 health

When did you last discuss prostate cancer early detection or screening with your care provider? Was it. . .

[Read options]:

- 1 Within the past year
- 2 More than a year ago, but within the past two years
- 3 More than two years ago, but within the past three years
- 4 More than three years ago

[Do not read]:

- 7 Don't Know/Not Sure
- 9 Refused

MA32.6

Have you ever told your health care provider about the history of cancer in your family?

- 1 Yes
- 2 No **[Go to Next Section]**
- 7 Don't Know/Not Sure **[Go to Next Section]**
- 9 Refused **[Go to Next Section]**

MA32.7

When you told your health care provider about the history of cancer in your family, did you include your great grandparents and your great aunts and uncles?

- 1 Yes
- 2 No
- 7 Don't Remember/Not Sure
- 9 Refused

Section 33: Abstinence

Splits [1]

{If Split = 1 and Q11.6 does not equal to 88 or 99 then continue; else go to next section}

The next few questions ask you about your perceptions and attitudes about sexual activity among adolescents, including abstaining from sexual activity until marriage.

Pre-MA33.1:

{If CHILDAGE2 is between 5-17 then go to MA33.2}
{if MA23.1=DK or REF, continue with MA33.1;}

MA33.1

We want to ask these questions to adults living in a household with children between the ages of 5 and 17. Is there a child who is between the ages of 5 and 17 living in your household?

Teen9

- 1 Yes

- 2 No [Go to next section]
 7 Don't Know/ Not Sure [Go to next section]
 9 Refused [Go to next section]

MA33.2

Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

Teen2

[If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.]

____ . ____ Number
 7 7 Don't know/Not sure
 9 9 Refused

MA33.3.

Starting at what age do you think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

Teen3a

____ Age (years)
 7 7 Don't know/Not sure
 9 9 Refused

[Pre-MA33.4]

**{If Q11.6=1 and childage2 is not equal to DK or REF, then go the Pre-MA33.5;
 Else If Q11.6=1 and childage2=DK or REF, continue}**

MA33.4.

Regarding the oldest child in your household, how old is this child and is this child a boy or a girl?

Teen4b

1 ____ Male age in years
 2 ____ Female age in years
 9 9 9 Refused

[Pre_MA33.5]

{If Q11.6=1 then do;

If CHILDAGE2 = [under 13, unknown] then go to next section; else go to MA33.6}

Else do;

{If MA33.4=999 go to next section

If MA33.4>112 or MA33.4 > 212) then go to MA33.5; else go to next section}

MA33.5

You may have answered this question earlier, but how are you related to this child? Is this child a(n)...

Teen5

Please read

01 Natural-born or adopted son/daughter

- 02 Stepson/stepdaughter
- 03 Grandchild
- 04 Foster child
- 05 Niece or nephew
- 06 Brother or sister
- 07 Other relative
- 08 Other non-relative

Do not read

- 77 Don't know/Not sure
- 99 Refused

The next few questions ask about specific topics that you may or may not have discussed with this child.

MA33.6. During the past 12 months have you discussed any of the following with this child?

Teen8a-f	Yes	No	Don't know/ Not sure	Refused
a. sexual abstinence	1	2	7	9
b. teen pregnancy	1	2	7	9
c. HIV/AIDS	1	2	7	9
d. other sexually transmitted disease (These include diseases such as chlamydia, gonorrhea, and syphilis)	1	2	7	9
e. how to handle pressure to have sex	1	2	7	9
f. dating violence	1	2	7	9

MA33.7. During the past 12 months, about how often have you or other adults in the household had a conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

Teen6a

Please read

- 1 More than once a month
- 2 About once a month
- 3 About once every few months
- 4 Once in the past 12 months
- 5 Not at all in the past 12 months

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Section 34: Sexual Behavior

[Split = 3]

If Split = [3] AND (age = 18-64 or (7,9)) then continue; else go to next section

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

MA34.1. During the past 12 months, have you had sex?

Sexyesno

- 1 Yes
- 2 No **[Go to MA34.7]**
- 7 Don't Know/ Not sure **[Go to MA34.7]**
- 9 Refused **[Go to MA34.7]**

MA34.2. During the past 12 months, with how many people have you had sex?

Sex12mb

- Number
- 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

{If MA34.2 = 1, then go to MA34.4}

MA34.3. During the past 12 months, have you had sex with only males, only females, or with both males and females?

Sexgend1

- 1 Only males
- 2 Only females
- 3 Both males and females
- 7 Don't Know/ Not sure
- 9 Refused

MA34.4. The last time you had sex, was your partner male or female?

Sexgend2

- 1 Male
- 2 Female
- 7 Don't Know/ Not Sure **[Go to MA34.7]**
- 9 Refused **[Go to MA34.7]**

MA34.5. Now, thinking back about the last time you had sex, did you or your partner use a condom?

Sexconda

- 1 Yes **[go to MA34.7]**
- 2 No **[go to MA347.6]**
- 7 Don't Know **[go to MA34.7]**
- 9 Refused **[go to MA34.7]**

MA34.6. Which best describes the reason you did not use a condom the last time you had sex?

Nocond1

Please Read

- 1 My partner and I only have sex with each other
- 2 I do not like to use condoms
- 3 My partner and I had oral sex only
- 4 I was drunk or high

-or-

5 Some other reason (**specify**) _____

Do Not Read

7 Don't Know / Not Sure

9 Refused

MA34.7. During the past 12 months has a doctor, nurse or other health professional talked to you about chlamydia?

Sexb1

1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

MA34.8. During the past 12 months, has a doctor, nurse or other health professional asked you about your sexual behavior?

Sexb2

1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

MA34.9. During the past 12 months, has a doctor, nurse or other health professional asked you about your drinking or drug use?

Sexdd

1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

Section 35: Water Consumption

[Split = 3]

{If Split = 3, Continue; Else Go to Next Section.}

Now we have a few questions for you about the sources and amounts of water and water-based drinks you drink each day.

MA35.1. At your home, where do you get the water you use for drinking, making hot or cold drinks, and making ice? Do you drink or use . . . ?

1. Unfiltered tap water

1 Yes

2 No

7 Don't Know / Not sure

9 Refused

2. Filtered tap water

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

3. Bottled water

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

4. Water from some other water source

- 1 Yes **(specify):** _____
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

MA35.2.

On an average day, including what you use to make hot or cold drinks and ice, how many 8-oz glasses of **(enter the first positive response to MA35.1)** water do you drink while you're at home? **(SKIP if there's only one positive response to MA35.1; REPEAT until all the remaining positive responses are asked)** How many 8-oz glasses of **(enter the remaining positive responses to MA35.1)** water do you drink while you're at home?

1. Unfiltered tap

- ____ [Enter Number of 8-oz. Glasses 1-24] [24 = 24 or more]
- 7 7 Don't know / Not sure
- 9 9 Refused

2. Filtered tap

- ____ [Enter Number of 8-oz. Glasses 1-24] [24 = 24 or more]
- 7 7 Don't know / Not sure
- 9 9 Refused

3. Bottled

- ____ [Enter Number of 8-oz. Glasses 1-24] [24 = 24 or more]
- 7 7 Don't know / Not sure
- 9 9 Refused

4. Other

- ____ [Enter Number of 8-oz. Glasses 1-24] [24 = 24 or more]
- 7 7 Don't know / Not sure
- 9 9 Refused

MA35.3.

On an average day, how many 8-oz glasses of bottled water do you drink away from home?

7 7	[Enter Number of 8-oz. Glasses 1-24] [24 = 24 or more]
9 9	Don't Know/Not Sure
	Refused

Section 36: Family Planning

[Split =3]

If Split = [1,2], Go to Next Section;

Else if Split = 3 then do:

If respondent is female and 51 years of age or older, Go to pre-MA36.4

If respondent has had a hysterectomy, Go to pre-MA36.4

If respondent is pregnant, Go to pre-MA36.4

If respondent is male, 60 years of age or older, Go to pre-MA36.4

Else if Split = 3 and respondent is a female, 18-50 years of age or male, 18-59 years of age, Continue.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

MA36.1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert yourself], if male, insert her] from getting pregnant?

Fampl4c

NOTE: If more than one partner, consider usual partner.

- 1 Yes
- 2 No [Go to MA36.3]
- 3 No partner/not sexually active [Go to pre- MA36.4]
- 4 Same sex partner [Go to pre- MA36.4]
- 7 Don't know / Not sure [Go to pre- MA36.4]
- 9 Refused [Go to pre- MA36.4]

MA36.2. What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert yourself, if male, insert her] from getting pregnant?

Fampl5c

Read only if necessary)

- 01 Tubes tied [Go to pre- MA36.4]
- 02 Hysterectomy [Go to pre- MA36.4]
- 03 Vasectomy (male sterilization) [Go to pre- MA36.4]
- 04 Pill, all kinds (Seasonale, etc.) [Go to pre- MA36.4]
- 05 Condoms (male or female) [Go to pre- MA36.4]
- 06 Contraceptive implants (Jadelle or Implants) [Go to pre- MA36.4]
- 07 Shots (Depo-Provera) [Go to pre- MA36.4]
- 08 Other Shots [Go to pre- MA36.4]
- 09 Contraceptive Patch [Go to pre- MA36.4]
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) [Go to pre- MA36.4]

- 11 IUD (including Mirena) [Go to pre- MA36.4]
- 12 Emergency contraception (EC) [Go to pre- MA36.4]
- 13 Withdrawal [Go to pre- MA36.4]
- 14 Not having sex at certain times (rhythm) [Go to pre- MA36.4]
- 15 Other method (foam, jelly, cream, etc.) [Go to pre- MA36.4]
- 77 Don't know / Not sure [Go to pre- MA36.4]
- 99 Refused [Go to pre- MA36.4]

State-added literal: Other method(s) [specify]:_____

MA36.3. What is the main reason for not doing anything to keep [if female, insert "yourself," if male, insert "your wife/partner"] from getting pregnant?

Fampl6c

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization)
- 09 You or your partner had a vasectomy (sterilization)
- 10 You or your partner had a hysterectomy
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 You or Partner are pregnant now

Do not read

- 77 Don't know / Not sure
- 99 Refused

**If respondent is male or if respondent is a woman age 51 or older, then go to next section;
Else if respondent is a woman age 18-50 and MA36.1 = [2,3,4,7,9], then go to MA36.5;
Else if respondent is a woman age 18-50 and MA36.1 = 1, then continue.**

MA36.4. Overall, how satisfied are you with using {enter response to MA36.2} as a birth control method? Would you say you are...

Bc_satis

PLEASE READ:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very Dissatisfied

Do not read:

- 7 Don't know
- 9 Refused

MA36.5. Have you ever heard of or read about Emergency Contraception (the morning after

pill)?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

[Please read:]

Emergency contraception is a method of birth control that women can use to prevent pregnancy after having unprotected sex.

MA36.6. If you or someone you knew needed it, how could someone get emergency contraception in Massachusetts? Could she get it from a...

Please read:

___ 1 doctor at a doctor's office

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

___ 2 hospital emergency room

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

___ 3 community health center or clinic

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

___ 4 women's health center or family planning clinic

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

___ 5 college health center

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

___ 6 pharmacist with a doctor's prescription

- 1 Yes
- 2 No
- 7 Don't Know

9 Refused

___ 7 pharmacist without a doctor's prescription (that is, it is kept behind the pharmacy counter and you have to ask for it to get it)

1 Yes

2 No

7 Don't Know

9 Refused

___ 8 Other

1 Yes (**Specify**): _____

2 No

7 Don't Know

9 Refused

MA36.7. Have you ever used emergency contraception to keep from getting pregnant after having unprotected sex?

1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

{pre-MA36.8: If pregnant now (question 11.18 = 1), go to MA36.10, else if woman age 18-50 and Q11.18 = [2,7,9], then continue}

MA36.8. Have you been pregnant in the last 5 years?

1 Yes

2 No **[Go to MA36.11]**

7 Don't know/Not sure **[Go to MA36.11]**

9 Refused **[Go to MA36.11]**

MA36.9. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Would you say:

[Please Read]

1 You wanted to be pregnant sooner **[Go to MA36.11]**

2 You wanted to be pregnant later **[Go to MA36.11]**

3 You wanted to be pregnant then **[Go to MA36.11]**

4 You didn't want to be pregnant then or at anytime in the future
[Go to MA36.11]

Do Not Read

7 You don't know **[Go to MA36.11]**

9 Refused **[Go to MA36.11]**

MA36.10. Thinking back to just before you got pregnant with your current pregnancy,

how did you feel about becoming pregnant?

Would you say: **Please Read**

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or at anytime in the future

Do not read:

- 7 You don't know
- 9 Refused

MA36.11.

How do you feel about having a child now or sometime in the future? Would you say:

Please read

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one
- 3 You're not sure if you do or don't **[Go to next section]**

Do not read

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

MA36.12.

How soon would you want to have a child? Would you say:

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 37: Sexual Violence

[Split =3]

If split = 3 then continue; else go to next section

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

☐

Are you in a safe place to answer these questions?

(343)

- 1 Yes
- 2 No **[Go to Sexual Violence Closing Statement]**

My first questions are about unwanted sexual experiences you may have had.

MA37.1. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

(344)

Sexsit2

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA37.2. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies.

(345)

Sexsit1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[If female]**, anus, or mouth or making you do these things after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

MA37.3. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

(346)

Sexatt2

- 1 Yes
- 2 No **[Go to MA37.5]**
- 7 Don't know / Not sure **[Go to MA37.5]**
- 9 Refused **[Go to MA37.5]**

MA37.4. Has this happened in the past 12 months?

(347)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA37.5.

Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

(348)

Sexatt1

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | |
| 2 | No | [Go to MA37.7] |
| 7 | Don't know / Not sure | [Go to MA37.7] |
| 9 | Refused | [Go to MA37.7] |

MA37.6.

Has this happened in the past 12 months?

(349)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

{CATI note: If MA37.3 = 1 (Yes) or MA37.5 = 1 (Yes); continue. Otherwise, read closing statement at end of this section.}

MA37.7.

Think about the time of the most recent incident involving a person who ***had sex with you*** –or- ***attempted to have sex with you*** after you said or showed that you didn't want to or without your consent: What was that person's relationship to you?

(350-351)

Sexast7

Do not read:

- | | |
|-----|--|
| 0 1 | Current boyfriend/girlfriend |
| 0 2 | Former boyfriend/girlfriend |
| 0 3 | Fiancé |
| 0 4 | Spouse or live-in partner |
| 0 5 | Former spouse or former live-in partner |
| 0 6 | Someone you were dating |
| 0 7 | First Date |
| 0 8 | Friend |
| 0 9 | Acquaintance |
| 1 0 | A person known for less than 24 hours |
| 1 1 | Complete stranger |
| 1 2 | Parent |
| 1 3 | Step-parent |
| 1 4 | Parent's partner |
| 1 5 | Parent in-law |
| 1 6 | Other relative |
| 1 7 | Neighbor |
| 1 8 | Co-worker |
| 1 9 | Other non-relative |
| 2 0 | Multiple perpetrators [Go to closing statement at end of this section] |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

MA37.8.

Was the person who did this male or female?

(352)

Sexastg

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

Sexual Violence Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

Section 38: Traumatic Experiences, Terrorism & Mental Health

Splits [3]

{If Split = 3 then continue; else go to next section}

Now, I would like to ask you a few more questions about yourself.

MA38.1. Have you ever heard of pandemic flu (that is, a flu that can sicken many, many people all over the world at the same time)?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA38.2. Have you ever personally experienced or witnessed an event involving actual or threatened death or serious injury to yourself or others?

Termh1

- 1 yes
- 2 no [Go To Question MA38.5]
- 7 don't know [Go To Question MA38.5]
- 9 refused [Go To Question MA38.5]

MA38.3. Did you experience any negative reactions after these events, such as nightmares, nervousness, stomachaches, or increased use of alcohol, drugs, or tobacco?

Termh2

- 1 yes
- 2 no [Go To Question MA38.5]
- 7 don't know [Go To Question MA38.5]
- 9 refused [Go To Question MA38.5]

MA38.4. For how long would you say you experienced any of these negative reactions?

[Interviewer: If respondent reports more than one instance for which they had negative reactions, instruct respondent to report on the instance which had the most lasting negative reactions.]

- 01 a week or less
- 02 a few weeks, but less than a month
- 03 about one month
- 04 more than a month but less than three months

Termh3A

- 05 between three months and six months
- 06 more than six months, but less than a year
- 07 about a year
- 08 more than a year
- 09 always experience

- 77 don't know
- 99 refused

MA38.5.

If you experienced a manmade, terrorist, or natural disaster, where would you go for information?

Termh4**Please Read [Code up to 3]**

- 01 family or friends
- 02 local authorities
- 03 state or federal officials
- 04 television/newspaper/radio
- 05 the internet
- 06 health care professionals

Do not read

- 66 other [specify]: _____
- 77 don't know
- 99 refused

MA38.6.

How likely do you think it is that you or a family member will be injured over the next 12 months as a result of a manmade, terrorist, or natural disaster?

Terror7

- 1 very likely
- 2 somewhat likely
- 3 not very likely
- 4 very unlikely

- 7 don't know
- 9 refused

MA38.7.

About how often do you find yourself worrying about manmade, terrorist, or natural disasters?

Terror8

- 1 daily
- 2 once or twice a week
- 3 less than once a week, but more than once a month
- 4 about once a month
- 5 periodically, as these sorts of events occur here in MA or in other places
- 6 never

- 7 don't know
- 9 refused

MA38.8.

Since the threats of terrorism and bioterrorism have emerged, do you currently feel that you have adequate social and emotional support to cope with the potential stress of these events?

Terror13

- 1 Yes, I have adequate support
- 2 No, I don't have adequate support
- 3 I don't need any support
- 7 don't know
- 9 refused

Section 39: Suicide and Suicide Survivors

[Split = 3]

{If Split = [3] then continue; else go to next section}

The next questions deal with suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you would like to skip this section please say so.

[IF RESPONDENT ASKS TO SKIP SUICIDE SECTION PLEASE CODE:]

- 1 Respondent asks to skip section **[GO TO follow-up]**
- 2 Continue

Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide.

MA39.1. During the past 12 months, did you ever seriously consider attempting suicide?

Suic1

- 1 Yes
- 2 No **[Go to MA39.5]**
- 7 Don't know/Not sure **[Go to MA39.5]**
- 9 Refused **[Go to MA39.5]**

MA39.2. During the past 12 months, did you actually attempt suicide?

Suic2

- 1 Yes
- 2 No **[Go to MA39.4]**
- 7 Don't know/Not sure **[Go to MA39.5]**
- 9 Refused **[Go to MA39.5]**

MA39.3. During the past 12 months, did any suicide attempt result in an injury that required treatment by a doctor, nurse, or other health professional?

Suic5

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA39.4. Who, if anyone, have you spoken to about {if MA39.1=1 and MA39.2=2 say “considering”, if MA39.1=1 and MA39.2=1 say “considering or attempting”}, suicide?

Suic6

[Code up to four]

Please Read

- 01 No one
- 02 A family member or friend
- 03 A crisis hotline or support group
- 04 A therapist or counselor
- 05 A medical provider
- 06 A clergy person
- 07 An other professional
- 08 Other **[specify]**: _____

Do not read

- 77 Don't know/Not sure
- 99 Refused

MA39.5. Has someone close to you died by suicide?

Suioth

- 1 Yes
- 2 No (**go to Suicide closing**)
- 7 Don't know/Not sure (**go to Suicide closing**)
- 9 Refused (**go to Suicide closing**)

MA39.6. Did your loss cause you to want to seek help?

Suioth1

- 1 Yes
- 2 No (**go to Suicide closing**)
- 7 Don't know/Not sure (**go to Suicide closing**)
- 9 Refused (**go to Suicide closing**)

MA39.7. If you sought help, from whom did you seek the most support or assistance?

Please Read

- 01 No one / I did not seek help (**go to pre-MA39.9**)
- 02 A family member or friend
- 03 A crisis hotline or support group
- 04 A therapist or counselor
- 05 A medical provider
- 06 A clergy person
- 07 An other professional
- 08 Other **[specify]**: _____

Do not read

- 77 Don't know/Not sure
- 99 Refused

MA39.8. How helpful were they?

Suihlp1

Please Read:

- 1 not at all helpful
- 2 minimally helpful
- 3 moderately helpful
- 4 very helpful

Do not read:

- 7 Don't know/Not sure
- 9 Refused

pre-MA39.9: {If MA39.6 = 1 then continue; else go to Suicide Closing.}

MA39.9. What were the greatest barriers to your obtaining help?

[code up to four]

Suihlp2

Please Read

- 01 Lack of information about available resources
- 02 Lack of financial resources
- 03 Concern about what others would think of you or your family
- 04 Lack of time
- 05 Depression
- 06 Lack of resources in your area

Or

- 08 Other [specify]: _____

Do not read

- 09 No barriers – did not seek help
- 77 Don't know/Not sure
- 99 Refused

Closing:

If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Crisis line at [1-800-273-TALK \(1-800-273-8255\)](tel:1-800-273-TALK). You can also speak directly to your doctor or health provider.

Asthma Follow-up Questions (DRAFT)

[Split = 1,2]

If Split = [1,2] and [s8q1 or s8q2=1 or mod3_1 or mod3_2=1] then continue;
Else go to closing}

{Massachusetts Splits 1 and 2 will participate in the Adult & Child Asthma Callback survey}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOSE ADULT OR CHILD. (25% ADULT / 75% CHILD)}

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Massachusetts.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Closing Statement:

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.